

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/031899		FILING DATE		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•		•	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	✓						51				
2		✓					52				
3		✓					53				
4		✓					54				
5		✓					55				
6		✓					56				
7		✓					57				
8		✓					58				
9	✓						59				
10		✓					60				
11		✓					61				
12		✓					62				
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42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	2	↓		↓		↓	TOTAL IND.		↓		↓
TOTAL DEP.	10	↓		↓		↓	TOTAL DEP.		↓		↓
TOTAL CLAIMS	12						TOTAL CLAIMS				